For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493136070082 OMB No. 1545-0047

> **Open to Public** Inspection

		nue Service	I .								
			alendar year, or tax year begin	ning 07-01-2020 , and endi	ing 06-30	)-2021	T ·		•		
		pplicable:	C Name of organization NATIONAL FOUNDATION FOR ADVAN	CEMENT			D Employe	er identifi	ication number		
	dress : me ch	change ange	IN THE ARTS INC % TANYA REID				59-2141	1837			
	tial ret	-	Doing business as								
		n/terminated					E Telephon	e number			
		d return	Number and street (or P.O. box if ma 2100 BISCAYNE BLVD	il is not delivered to street address)	Room/sui	te					
⊔ Ар	plication	on pending		han and ZID as ferreion			(305) 3	77-1140			
			City or town, state or province, coun MIAMI, FL 33137	try, and ZIP or foreign postal code							
				66			<b>G</b> Gross red		4,522,622		
			<b>F</b> Name and address of principal TANYA REID	officer:		<b>H(a)</b> Is this		turn for			
			2100 BISCAYNE BLVD			subor <b>H(b)</b> Are al	dinates? Leubordinat	95	□Yes ☑No		
			MIAMI, FL 33137			includ		es	☐ Yes ☐No		
[ Ta:	x-exer	mpt status:	<b>☑</b> 501(c)(3) ☐ 501(c)( ) <b>◄</b> (i	nsert no.) $\square$ 4947(a)(1) or $\square$	527		•	•	instructions)		
J W	ebsit	:e:▶ WW	/W.YOUNGARTS.ORG			H(c) Group	exemption	number	<b>&gt;</b>		
						1	1				
<b>K</b> Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🗌 Assoc	ciation D Other >		L Year of forma	ition: 1981	M State	of legal domicile: FL		
В	4.1	S									
Pa	art I		<b>mary</b> scribe the organization's mission or	most significant activities:							
			AND ASSIST EMERGING ARTISTS	most significant activities.							
ခိုင	-										
<u> </u>	-										
Governance	آ ۾ ا	Charle thi	is box $\blacktriangleright \square$ if the organization disc			than 250/	-6 itt -				
3			of voting members of the governing				or its net a	3	27		
	l		of independent voting members of		ne 1b) .			4	27		
Activities &	l		nber of individuals employed in cal-		-			5	387		
Ĕ	l		nber of volunteers (estimate if nec	, , ,	•			6	37		
چ ک	l		elated business revenue from Part				-	7a	0		
	l		lated business taxable income from	* **			_	7b	0		
	-	- Net ame	accu pusmess taxable meome non	1101111 330 1, 11110 33 1 1	• • •	Pri	or Year	1,2	Current Year		
	R	Contribut	tions and grants (Part VIII, line 1h)			<u> </u>	10,334,9	908	7,868,940		
₹	l		service revenue (Part VIII, line 2g)	-	96,482						
Ravenue	l	-		105,2 950,4	-	· · · · · · · · · · · · · · · · · · ·					
ã	l		ent income (Part VIII, column (A), li	-	5,133,425						
	l	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)						895	21,597 13,120,444		
	_								· · ·		
	l						975,7	0	1,041,029		
	l		paid to or for members (Part IX, co	, ,,			4 270 0	_			
Ses	l		other compensation, employee be	, , , , , , , , , , , , , , , , , , , ,	,		4,370,9	-	4,024,928		
ઈ	Ι.		onal fundraising fees (Part IX, colum	, ,,	•		156,0	100	55,467		
Expenses	l		raising expenses (Part IX, column (D), li	· · · · · · · · · · · · · · · · · · ·			4 727 7	776	2.045.530		
_	l		penses (Part IX, column (A), lines 1	·	•		4,737,7	-	3,015,570		
	ı	•	penses. Add lines 13–17 (must equa				10,240,5	_	8,136,994		
. 0	19	Kevenue	less expenses. Subtract line 18 fro	m line 12	• •	Dii	493,7		4,983,450		
Net Assets or Fund Balances						beginning	of Current Y	ear	End of Year		
afa	20	Total ass	ets (Part X, line 16)				50,979,9	33	60,834,688		
Z Z	21	Total liab	vilities (Part X, line 26)				788,9	-	843,979		
ŠĒ	l		ts or fund balances. Subtract line 2				50,190,9	_	59,990,709		
Pa	rt II		ature Block				,,-	- 1	,,		
			erjury, I declare that I have exami	ned this return, including accon	npanying	schedules and	statements	, and to	the best of my		
	ledge nowle		f, it is true, correct, and complete.	Declaration of preparer (other	than offic	er) is based o	n all informa	ation of v	vhich preparer has		
ally K	1104416										
		*****	*				2-05-13				
Sign		Signati	ure of officer			Date	9				
Here	•		REID VP OF FINANCE								
		Туре о	r print name and title								
		P	rint/Type preparer's name	Preparer's signature	D	ate Che		PTIN P01268923			
Paid	t	L				self	-employed	3120072	· 		
Pre	pare	er   F	irm's name  BDO USA LLP			Firn	n's EIN ►				
Use	On	ıly   🖡	irm's address ► 225 NE MIZNER BLVD S	UITE 685		Pho	ne no. (561) 9	909-2100			
			BOCA RATON, FL 3343	2			•				
May +	ha ID		this return with the preparer show			L			es 🗆 No		

Cat. No. 11282Y

Form 990 (2020)

Form	990 (2020)					Page <b>2</b>
Pa	Statement	of Program Service	e Accomplis	hments		
	Check if Sched	dule O contains a respo	onse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission:		•		
THE		YOUNG ARTISTS IN T			DBA NATIONAL YOUNGARTS FOUN NG ARTS AND TO PROVIDE THEM N	
2	-	undertake any significa		<b>5</b> /	hich were not listed on	□ Yes 🛂 No
3	If "Yes," describe the Did the organization of services?	☐ Yes 🗹 No				
	If "Yes," describe the	se changes on Schedu	le O.			
4	Section 501(c)(3) and		ons are required	to report the amount	largest program services, as mea of grants and allocations to others	
4a	(Code: See Additional Data	) (Expenses \$	1,206,870	including grants of \$	1,041,029 ) (Revenue \$	96,482 )
4b	(Code: See Additional Data	) (Expenses \$	59,168	including grants of \$	0 ) (Revenue \$	21,597 )
4c	(Code: See Additional Data	) (Expenses \$	78,650	including grants of \$	0 ) (Revenue \$	0)
4d		ces (Describe in Sched	,			,
	(Expenses \$	4,616,716 incl		'	) (Revenue \$	)
<u>4e</u>	Total program serv	rice expenses >	5,961,4	04		Form <b>990</b> (2020)

Form	990 (2020)			Page <b>3</b>
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18

19

20a

20b

21

Nο

No

Nο

No

Form **990** (2020)

18

19

Form	rm 990 (2020) Page <b>4</b>									
Par	Checklist of Required Schedules (continued)									
			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	25a		No						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No						
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No						
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No						
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes							
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes							
Pa	Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 641  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Yes							

Pai	statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	387				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	er, a <b>4a</b>		No		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	.).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts w not tax deductible?	ere 6b				
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set provided to the payor?		Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders					
a h	Gross income from members or shareholders					
D	against amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14a 14b		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc	cess		Na		
16	parachute payment(s) during the year?	15		No No		
	If "Yes," complete Form 4720, Schedule O.	16		No		

FOITH	550 (2020)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines <b>V</b>
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<del>-</del>	16b		
<u>Se</u> 17	List the states with which a copy of this Form 990 is required to be filed			
-/	AL, CT, FL, ME, MD, NH, NC, OK, PA	, RI , S	C, UT,	WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: TANYA REID 2100 BISCAYNE BOULEVARD MIAMI, FL 33137 (305) 377-1140			

See instructions for the order in which to list the persons above.

(A)

Name and title

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

✓

(F)

Estimated

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

(B)

Average

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

PHILADELPHIA, PA 19103

PENTAGRAM DESIGN INC,

250 PARK AVENUE SOUTH NEW YORK, NY 10003

compensation from the organization  $\blacktriangleright$  6

Part VII

	Section At Officers, Birece	75.5, 11451555	<del>7, .</del>	<u></u>		<del>, ,</del>		9		преше		p.0,000	10011			
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	οχ, ι an of	ot che unles fficer	eck moss ss pers r and a tee)	son	Repo compo froi organ	( <b>D)</b> ortable ensation m the nization	cor fro	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)	Individual trustee or director	Institut	Officer	Key employee	Highest compensatemployee	Former		2/1099- ISC)	(۷	V-2/1099- MISC)	-	organization and related organizations		
			nal trust	Institutional Trustee		płoyee	compe									
			<b>.</b>	istee			nsated									
See A	Additional Data Table	'				$\Box$										
				+	$\vdash$	$\vdash$	$\vdash$	+-			+		1			
		<del> </del>	<b></b>	+	$\vdash$	<del>                                     </del>	+-	+			+		$\dashv$			
		<del> </del>	<del> </del>	+	$\vdash$	<del> </del>	$\vdash$	+	<del> </del>				-			
		<del>                                     </del>	<u> </u>	+	$\vdash$	+	$\vdash$	+	-				-			
		<del> </del>	<del> </del>	+-	$\vdash$	$\vdash$	$\vdash$	+					$\dashv$			
		<del>                                     </del>	<del>                                     </del>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	+	<del> </del>				$\dashv$			
		<del> </del> '	<del> </del>	+-	$\vdash$	<del> </del>	┼	+-'	<del>                                     </del>				-			
		<u> </u> '	<del> </del>	┼	$\vdash$	<del> </del>	┼	+-'	<del> </del>		-		$\dashv$			
		<u> </u> '	<u> </u>	<u> </u>	igspace	<u> </u> -	↓	<u> </u> '	<u> </u>							
			<u> </u>	<u> </u>	$\perp$		<u> </u>									
1b Sub-Total																
_									1,	566,109			0		160,300	
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	) rec	eived mo	re than \$	100,000	)				
														Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>				•		oyee,		-	mpensate	d emplo	yee on	3		No	
4	For any individual listed on line 1a, is organization and related organizations individual										m the					
_	Did any person listed on line 1a receiv	vo or accrue cor	nnanca	tion f	rom	- 	· · ·	, - -+ed	organiza	tion or in	· ·	for	4	Yes		
3	services rendered to the organization?										uiviuua. • •	•	5		No	
Se	ction B. Independent Contract				_									<b>.</b>		
1	Complete this table for your five higher from the organization. Report comper												mper	sation		
(A) Name and business address Description of services							(C Comper									
301 E/	PARTNERS INC, AST 57TH STREET ORK, NY 10022	The reserved								PUBLIC RE					173,557	
EIGHT 25 E V	EIGHTH LIGHT LLC, WEBSITE DEVELOPMENT 151,790 25 E WASHINGTON STREET SUITE 509 CHICAGO, IL 60602															
DAUN 207 W	DAUN LLC, 207 WEST 21ST STREET SUITE 3 NEW YORK, NY 10011  FUNDRAISING CONSULT. 149,910								149,910							
1650	COZEN O'CONNOR, LEGAL SERVICES 125,329 LISTON ARKET STREET SUITE 2800									125,329						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

116,000

WEBSITE DEVELOPMENT

Part	VIII	Statement	of F	Revenue						- rage 3
		Check if Scheo	dule	O contains a	ı respo	inse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	<b>1</b> a	Federated campaig	gns		1a			revenue		312 - 314
Grants mounts	<b>b</b> Membership dues <b>1b</b>				1b					
Gra Imo	С	Fundraising events	s .		1c					
ifts, ar A		Related organizati		<u> </u>	1d					
s, G mil		Government grants (		Ŀ	1e	273,432				
Contributions, Gifts, and Other Similar A	f	All other contribution and similar amounts above		acludad	1f	7,595,508				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution lines 1a - 1f:\$	s incl		1g					
Con and	h	Total. Add lines 1	a-1f			>	7,868,940			
						Business Code	, ,			
	2a	APPLICATION FEES				711190	96,482	96,482		
Program Service Revenue										_
Rev	b									
фСе	c									
Ser	d									
ram										
Yog	е									
	f	All other program	serv	rice revenue						
	g	Total. Add lines 2	2a-2	.f	•	96,482	L	I.		
		Investment income similar amounts)		luding divid		nterest, and other	631,673			631,673
		Income from invest								
	5	Royalties	_			•	0			
				(i) Rea	al .	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	_							
	c	or (loss) Net rental income	6c		- 0	<u>'</u>	<u>이</u>   0			
				(i) Secur		(ii) Other				
	7a Gross amount from sales of assets other than inventory		35.0	903,930		1				
			,05,550							
	b	Less: cost or	7b	21 /	102,178					
		other basis and sales expenses		31,	+02,176					
	С	Gain or (loss)	7c	4,!	501,752					
		Net gain or (loss)					4,501,752			4,501,752
<u>ə</u>	8a	Gross income from fu (not including \$	ındra	ising events of						
æ)		contributions reporte See Part IV, line 18		line 1c).		0				
Other Revenue	b	Less: direct expen			8a 8b	0				
her		: Net income or (los			ing ev	ents				
	٩a	Gross income from	пат	ing activities						
	_	See Part IV, line 19			9a	0				
		Less: direct expen			9b	0	J			
	C	: Net income or (los	ss) fr	om gaming	activiti	es <b>&gt;</b>	7			
	10	aGross sales of inve								
	ŀ	Less: cost of good			10a 10b	0				
		Net income or (los								
		Miscellaneo	us R	evenue		Business Code				
	11	<sup>a</sup> ALL OTHER REVE	NUE			713990	21,597	21,597		
	L									
	b	,								
	c									
	c	All other revenue								
	€	<b>Total.</b> Add lines 1	1a-:	11d		•	21,597			
	12	<b>Total revenue.</b> S	ee ir	nstructions			13,120,444			5,133,425
							10,120,177	1 210,073	1	Form <b>990</b> (2020)

Ρ	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organizatio	ns must complete colu	mn (Δ)
	Check if Schedule O contains a response or note to ar	·		· ·	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,041,029	1,041,029		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	380,969	228,581	76,194	76,194
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,005,825	2,207,830	29,244	768,751
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	56,658	44,907	3,038	8,713
9	Other employee benefits	307,926	231,312	17,880	58,734
10	Payroll taxes	273,550	207,956	4,892	60,702
11	Fees for services (non-employees):				
ā	a Management	0			
ŀ	Legal	121,255	58,711	60,124	2,420
	Accounting	21,000		21,000	
	d Lobbying	0			
	e Professional fundraising services. See Part IV, line 17	55,467			55,467
	Investment management fees	291,086		291,086	· · · · · · · · · · · · · · · · · · ·
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	800,070	507,392	240,882	51,796
12	Advertising and promotion	39,572	36,643	1,679	1,250
13	Office expenses	0			
	Information technology	0			
	Royalties	0			
	Occupancy	17,577	17,577		
	Travel	49,135	23,062	16,657	9,416
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	<u> </u>
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	128,611	113,178	12,861	2,572
23	Insurance	33,215	27,653	959	4,603
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PROGRAM & EVENT CONSULTANT	816,198	783,348		32,850
	<b>b</b> EQUIPMENT RENTAL	293,759	139,374	63,049	91,336
	c MATERIALS AND SUPPLIES	184,515	132,346	46,519	5,650
	d OTHER EXPENSES	219,577	160,505	21,655	37,417
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,136,994	5,961,404	907,719	1,267,871
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 4,726,952

127,349

471,749

317,250

0

0

0 22

0 23

0

788.999

5,894,079

44,296,855

50,190,934

50,979,933

50,979,933

0

12 0 13

14

15

16

17 0 18

19

20

21

24 0 25

26

27

28

29

30

31

32

33

Page 11

8.817.076

296,931

781,204

62.775

0

0

0

0

0

843.979

9.215,813

50,774,896

59,990,709

60,834,688

Form 990 (2020)

60,834,688

0

0

# Check if Schedule O contains a response or note to any line in this Part IX .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here >  $\ lacksquare$  and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . . . .

and other liabilities not included on lines 17 - 24).

**Total liabilities.** Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Intangible assets . . .

Deferred revenue . . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Grants payable .

	beginning or year		Lift of year
1 Cash-non-interest-bearing	1,505,793	1	3,595,05
2 Savings and temporary cash investments	0	2	2,247,659
3 Pledges and grants receivable, net	0	3	1,325,618

2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	1,616,774	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	

	3	Pledges and grants receivable, net	0	3	1,325,618
	4	Accounts receivable, net	1,616,774	4	45,507
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	0	6	0
တ	7	Notes and loans receivable, net	0	7	0

	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	0	6	0
S	7	Notes and loans receivable, net	0	7	0
et	8	Inventories for sale or use	0	8	0
Ass	9	Prepaid expenses and deferred charges	378,949	9	225,166
_	10-	Land huildings and southweath part or other 1			

		section $4958(f)(1)$ ), and persons described in se	ection 4	1958(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net			0	7	0
sets	8	Inventories for sale or use			0	8	0
AS	9	Prepaid expenses and deferred charges			378,949	9	225,166
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,186,974			
	b	Less: accumulated depreciation	10b	972,450	251,087	10c	214,524
	11	Investments—publicly traded securities .			42,373,029	11	44,067,150

Consolidated basis ☐ Separate basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

Yes

3h

Nο

Form 990 (2020)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

## Additional Data

Software ID:

Software Version: **EIN:** 59-2141837

NATIONAL YOUNGARTS WEEK AND REGIONAL PROGRAMS REPRESENT NEAD'S CORE PROGRAMMING. THROUGH CORE PROGRAMMING NEAD PROVIDES MASTER CLASSES. PERFORMANCE AND EXHIBITION OPPORTUNITIES, RECOGNITION AND AWARDS TO NFAA'S WINNERS, WHO ARE YOUNG ARTISTS ORIGINATING FROM ACROSS THE

Name: NATIONAL FOUNDATION FOR ADVANCEMENT

IN THE ARTS INC

COUNTRY, CONTINUED IN SCHEDULE O.

Form 990 (2020) Form 990, Part III, Line 4a:

### Form 990, Part III, Line 4b: ALUMNI PROGRAMMING OFFERS YOUNGARTS AWARD WINNERS SUPPORT TO GROW THEIR CAREERS WITHIN THREE FOCUS AREAS: CREATIVE DEVELOPMENT, PROFESSIONAL DEVELOPMENT AND COMMUNITY ENGAGEMENT. ACTIVITIES THROUGHOUT THE YEAR SUPPORTED AWARD WINNERS ALONG WITH THE CONTINUOUS DEVELOPMENT OF A DEDICATED DIGITAL PORTAL. THIS FISCAL YEAR, 305 ALUMNI PARTICIPATED IN PROGRAMS, THE DIGITAL PORTAL RECEIVED OVER 2,722 USERS,

AND 90 CREATIVE MICROGRANTS & 298 EMERGENCY MICROGRANTS WERE AWARDED, OVERALL, PROGRAMMING RESULTED IN \$2 MILLION IN FUNDS DISTRIBUTED TO

ARTISTS.

## EACH YEAR, 20 YOUNGARTS FINALISTS ARE NAMED PRESIDENTIAL SCHOLARSI N THE ARTS. AT THE REQUEST OF THE COMMISSION ON PRESIDENTIAL SCHOLARS, WHICH IS APPOINTED BY THE PRESIDENT OF THE UNITED STATES, THE NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS, THROUGH ITS YOUNGARTS PROGRAM,

SERVES AS THE EXCLUSIVE NOMINATING AGENCY FOR U.S. PRESIDENTIAL SCHOLARS IN THE ARTS. CONTINUED IN SCHEDULE O.

Form 990, Part III, Line 4c:

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
	40.0					_				
jewellyn malone	40.0			x				296,450	0	33,972
executive director	5.0			^`				230,100	J	35,372
STACEY GLASSMAN MIZENER	40.0									
VP OF DEVELOPMENT					Χ			239,487	0	30,280
VP OF DEVELOPMENT	0.0									
dejha carrington	40.0									
un of shortegie generalisations					Χ			222,093	0	16,681
vp of strategic communications	0.0									
lisa leone	40.0									
					Х			211,118	0	24,862

Х

Χ

Х

Х

Χ

Χ

121,878

120,296

118,658

122,186

113,943

0

0

0

0

0

0

12,512

11,032

11,829

7,725

11,407

2.0

2.0

0.0 40.0

5.0 40.0

0.0 40.0

20.0

Χ

......

lisa leone
vp of artistic programs
christopher williams
director of finance
lee s cohen hare

......

creative director

SAMANTHA WHEATLEY

SENIOR DIRECTOR HR

LAUREN SNELLING

ARTISTIC DIRECTOR

MATTHEW NIELSON

richard kohan

SENIOR DIRECTOR OPS

PRESIDENT OF THE BOARD

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

linda coll

TRUSTEE

TRUSTEE

**TRUSTEE** 

trustee

jay franke

**TRUSTEE** 

TRUSTEE

danielle garno

brian cullinan

kristy edmunds

barnardo fort-brescia

......

	any hours	and	. a dir	ectc	r/trد	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
sarah arison chair	5.0	Х		х				0	0	0	
natalie diggins secretary	0.0	Х		х				0	0	0	
DERRICK ADAMS	1.0							0	0		

natalie diggins	1.0		х		0	
secretary	0.0				,	
DERRICK ADAMS	1.0	v			0	
trustee	0.0	^			U	
doug blush	1.0	V			0	
TRUSTEE	0.0	^			\	'

1.0

1.0

1.0

1.0

1.0

1.0

1.0

......

Χ

Χ

Х

Χ

Χ

Χ

0

0

0

0

0

0

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from related week (list from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

STEVEN MARKS

MICHAEL MCELROY

WILLIAM L MORRISON

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

JOHN J O'NEIL

GLENDA PEDROSO

VICTORIA ROGERS

	any hours	and	a dir	recto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
rosie gordon-wallace	1.0	Х						0	0	0	
TRUSTEE AS OF 02/21/2021	0.0								,		
michi matter jigarjian	1.0	X						0	0	0	
TRUSTEE	0.0								-		
john j kauffman TRUSTEE until 07/2020	1.0	Х						0	0	0	
iacon krauc	1.0										

0

0

0

0

0

0

0

michi matter jigarjian	1.0	v			΄ ΄	
TRUSTEE	0.0	^			9	
john j kauffman	1.0	Х			0	
TRUSTEE until 07/2020	0.0					
jason kraus	1.0	V			0	
TRUSTEE	0.0	^			0	
STEVEN MARKS	1.0					

0.0 1.0

0.0 1.0

0.0 1.0

1.0

0.0 1.0

......

Χ

Χ

Х

Χ

Χ

Χ

(A) (B) (C) (D) (E) (F) Position (do not check more Name and Title Average Reportable Reportable Estimated hours per than one box, unless amount of other compensation compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

organizations

0

0

0

0

0

from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

trustee

trustee

trustee

TANYA REID

richard wagman

treasurer

VP OF FINANCE AS OF 06/01/2021

ioseph m thompson

maurice zarmati

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
MARCUS SHERIDAN	1.0								
TRUSTEE	0.0	Х					0	0	0
JEAN SHIN TRUSTEE	0.0	Х					0	0	0
JIM SHREVE TRUSTEE END 8/26/2020	0.0	Х					0	0	0

TRUSTEE	0.0	^				
JIM SHREVE	1.0	X			0	
TRUSTEE END 8/26/2020	0.0	^				
ZUZANNA SZADKOWSKI	1.0	v			0	
TRUSTEE	0.0	^			0	
SANDRA TAMER	1.0					

0.0 1.0

0.0 1.0

0.0 1.0

0.0 2.0

0.0

......

................

any hours

Χ

Χ

Χ

Χ

efile	e GR/	APHIC prii	nt - DO NOT I	PROCESS	As Filed Data -			DLN: 9	3493136070082				
SCI	1FD	ULE A		Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99		Compl	ete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	· a section	2020				
		the Treasury	<b>▶</b> Go	to <u>www.irs.</u>	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nie Service ne organiza	<b>tion</b> R ADVANCEMENT					Employer identific	<u> </u>				
	ARTS		R ADVANCEMENT					59-2141837					
	rt I				s (All organization			See instructions.					
_	rganız		•		it is: (For lines 1 thro	-		(A)(:)					
1		·		,	sociation of churches			(A)(I).					
2					l <b>)(A)(ii).</b> (Attach Sch	,	, ,						
3	Ш	·	•	·	ice organization desc			-					
4		A medical r name, city,		ation operate	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II.)											
6		A federal, s	tate, or local go	vernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).					
7	✓		ation that norma ( <b>0(b)(1)(A)(vi</b> )			s support from a	governmental u	nit or from the gener	al public described in				
8		A communi	ty trust describe	d in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a				
10		from activit investment	ies related to its income and unr	éxempt func elated busine	tións—subject to cer	tain exceptions,	and (2) no more	is, membership fees, than 331/3% of its su ses acquired by the c	-				
11		An organiza	ation organized a	and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).					
12		more public	ly supported or	ganizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(</b> a s 12e, 12f, and 12g.					
a		organizatio		o regularly a				zation(s), typically by of the supporting orga					
b		manageme		ting organiza	tion vested in the sar			organization(s), by havinge the supported orga					
c		Type III f	inctionally into	egrated. A s				nd functionally integra	ted with, its				
d		Type III n	on-functionall	y integrated organization	I. A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req					
e		Check this	box if the organi	zation receiv		ation from the I		pe I, Type II, Type II	I functionally				
f	Enter		of supported or			-							
g	Provi	de the follow	ing information	about the su	oported organization(	s).							
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
			I										
Tota		l. B. '	tion Act Notice		-t f	Cat. No. 11285		8-1	90 or 990-EZ) 2020				

P	Support Schedule for										
	(Complete only if you c						er Part II. If				
	the organization fails to	qualify under	the tests listed	oelow, please co	omplete Part II.	)					
Se	ection A. Public Support										
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	(or fiscal year beginning in) ► Gifts, grants, contributions, and		` '	``		` '					
1	membership fees received. (Do not										
	include any "unusual grants.") .										
2	Gross receipts from admissions,										
	merchandise sold or services										
	performed, or facilities furnished in										
	any activity that is related to the										
_	organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business										
	under section 513										
4	Tax revenues levied for the										
	organization's benefit and either paid										
	to or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
_	the organization without charge										
6	Total. Add lines 1 through 5										
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
h	Amounts included on lines 2 and 3										
	received from other than disqualified										
	persons that exceed the greater of										
	\$5,000 or 1% of the amount on line										
	13 for the year.										
	Add lines 7a and 7b.										
8	<b>Public support.</b> (Subtract line 7c										
	from line 6.)										
36	ection B. Total Support		1	1	1	T	Τ				
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
9	(or fiscal year beginning in) ► Amounts from line 6										
	Gross income from interest,										
L0a	dividends, payments received on										
	securities loans, rents, royalties and										
	income from similar sources										
b	Unrelated business taxable income										
	(less section 511 taxes) from										
	businesses acquired after June 30, 1975.										
_	Add lines 10a and 10b.										
с 11	Net income from unrelated business										
11	activities not included in line 10b,										
	whether or not the business is										
	regularly carried on.										
12	Other income. Do not include gain or										
	loss from the sale of capital assets										
	(Explain in Part VI.)										
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).										
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	l, fourth, or fifth t	ax vear as a secti	on 501(c)(3) orga	nization.				
	check this box and <b>stop here</b>	-			•	( ) ( )	· —				
-				<u> </u>			· · · · • · · ·				
	ection C. Computation of Public S Public support percentage for 2020 (lin			column (f))		1 4 = 1					
15						15					
16	Public support percentage from 2019 S					16					
Se	ection D. Computation of Invest										
17	Investment income percentage for 202	-		-		17					
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	<u> </u>				
	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not				
	more than 33 1/3%, check this box and										
U	<b>b</b> 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\blacktriangleright \Box$										
20	· · · · · ·	-	-								
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	instructions	. ▶ ⊔				

Page 4

5a

5b 5с

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	1				
	describe the designation. If historic and continuing relationship, explain.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).					
	III section 309(a)(1) or (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c below.	3a	ı			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination.					
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?					

	m section ses (a)(1) or (2).	to ave a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3a		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	ad under section 501(c)(4), (5), or (6) and satisfied  Part VI when and how the organization made the  3b  s used exclusively for section 170(c)(2)(B) purposes?  the to ensure such use.  3c		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
det	ermination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	IF Yes, explain in <b>Part V1</b> what controls the organization put in place to ensure such use.	3с	Bb Bc	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	isfied e the 3b poses? 3c if you		

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the					
	determination.	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3b  (2)(B) purposes?  3c  "Yes" and if you  4a  In supported eing controlled or under sections e that all support  4c  "answer lines 5b				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
b c	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported					

С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	ace to ensure such use.				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	organized in the United States ("foreign supported organization")? If "Yes" and if you aswer lines 4b and 4c below.  ontrol and discretion in deciding whether to make grants to the foreign supported art VI how the organization had such control and discretion despite being controlled or its supported organizations.  eign supported organization that does not have an IRS determination under sections Yes," explain in Part VI what controls the organization used to ensure that all support				
	cnecked box 12a or 12b in Part 1, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	to 12b in Part I, answer lines 4b and 4c below.  4a  An have ultimate control and discretion in deciding whether to make grants to the foreign supported eles," describe in Part VI how the organization had such control and discretion despite being controlled or a connection with its supported organizations.  An support any foreign supported organization that does not have an IRS determination under sections (a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	ing whether to make grants to the foreign supported had such control and discretion despite being controlled or that does not have an IRS determination under sections to controls the organization used to ensure that all support ction 170(c)(2)(B) purposes.  ganizations during the tax year? If "Yes," answer lines 5b				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b					

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pā	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
	VI.			
5	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	<b>-</b>		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
_	ection C. Type II Supporting Organizations			
	ection c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
_	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
,	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
		1		

5 Income tax imposed in prior year 5 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	8			
<b>9</b> Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

	stributions to attentive supported organizations to wh tails in <b>Part VI</b> ). See instructions	8			
<b>9</b> Di	stributable amount for 2020 from Section C, line 6	9			
<b>10</b> Lin	e 8 amount divided by Line 9 amount	10			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
<b>1</b> Dis	tributable amount for 2020 from Section C, line 6				
(re	derdistributions, if any, for years prior to 2020 asonable cause required <i>explain in <b>Part VI</b></i> ). e instructions.				
<b>3</b> Exc	ess distributions carryover, if any, to 2020:				
<b>a</b> Fr	om 2015				

10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2020:				
a From 2015				
<b>b</b> From 2016				
c From 2017				
<b>d</b> From 2018				
e From 2019				
f Total of lines 3a through e				
<b>q</b> Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) (2020)

h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

instructions)

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>						
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493136070082

OMB No. 1545-0047

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 59-2141837 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

Part	***	Organizations Ma	aintaining Col	lections of	Art, Histo	orical 1	reasi	ures, or (	Other S	Similar As	<b>sets</b> (cont	inued)	
3		the organization's acq (check all that apply):		n, and other i	records, che	ck any o	f the fo	ollowing tha	at are a	significant u	se of its col	lection	
а		Public exhibition			c	ı 🗆	Loan	or exchan	ige prog	rams			
b		Scholarly research			€		Othe	er					
c		Preservation for future	e generations										
4	Provid Part X	e a description of the l	organization's col	lections and	explain how	they fur	ther th	e organizat	tion's ex	empt purpos	e in		
5		the year, did the orga to be sold to raise fur									☐ Yes	□ N	lo
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 9	90, Par	t IV, I	ine 9, or ı	reporte	d an amoui			
1a		organization an agent ed on Form 990, Part )									Yes	□ N	lo
<b>L</b>	TE "Voc	. " avalais the assage	amount in Doub VIII	· and complete	a tha fallawi	na +-hla		Г		Λ.	nount		_
b c		s," explain the arrange				_			1c	AI	ilount		_
d	_	ning balance						-	1d				_
e		ons during the year . outions during the year						⊢	1e				_
f		g balance						· ·     ⊢	1f				_
								· · _		Liliaa			_
2a		e organization include								•		∐ N	Ю
b		s," explain the arrange		. Check here	if the explan	nation ha	s beer	provided	in Part X	III			
Pal	rt V	Endowment Fund Complete if the org		vered "Yes"	on Form 9	90 Par	+ T\/	ine 10					
		COMPLETE II CHE CH	gameation and	(a) Current		Prior ye		(c) Two yea	rs back	(d) Three yea	rs back (e)	Four yea	rs back
<b>1</b> a	Beginni	ng of year balance .		46,9	19,287	47,6	16,716	45,	,508,224	43,9	29,189	42,	160,171
b (	Contrib	utions						1,	,001,607				
c	Net inve	estment earnings, gair	ns, and losses	9,6	558,666	1,20	55,271	2,	,712,085	3,1	59,838	3,	968,968
d (	Grants (	or scholarships	•										
		xpenditures for facilition	es	1,9	963,233	1,90	52,700	1,	,605,200	1,5	80,803	2,	199,950
f ,	Adminis	strative expenses .											
g	End of y	/ear balance		54,6	514,720	46,9	19,287	47,	,616,716	45,5	08,224	43,	929,189
2	Provid	e the estimated perce	ntage of the curre	ent year end	balance (line	g 1g, col	umn (a	i)) held as:					
а	Board	designated or quasi-e	ndowment 🟲	9.120 %									
b	Perma	nent endowment ►	33.990 %										
c	Term e	endowment ► 56.8	890 %										
	•	ercentages on lines 2a		•									
3a		ere endowment funds zation by:	not in the posses	ssion of the o	rganization t	hat are	held ar	nd administ	ered for	the		V	NI-
	_	related organizations									3a(i)	Yes	No No
		elated organizations				•	•	• •			3a(ii)		No
b		s" on 3a(ii), are the rel				hedule	R? .	: : .			3b		
4		be in Part XIII the inte											
Par	t VI	Land, Buildings,	and Equipme	nt.									
		Complete if the or	ganization ansv	vered "Yes"									
	Descrip	otion of property	(a) Cost or oth (investme		(b) Cost or otl	her basis	(other)	(c) Accum	nulated d	epreciation	(d) E	Book valu	е
1a	_and .												
b	Building	ıs											
c	_easeho	old improvements											
a I	=auinm	ant				1	186 974	1		972 450			214 524

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

214,524

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	form 990 Part IV II	ne 11 <sup>k</sup>	See Form 990 I	Part X line	12.
	(a) Description of security or category (including name of security)	(b) Book value	. IC 11L		d of valuatior	n:
	l derivatives			5550 01 GHG-01	, car market	
(3) Other _	held equity interests				_	
(C) ALTERNA	ATIVE INVESTMENTS	8,817,076			F	
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	8,817,076				
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on F  (a) Description of investment	form 990, Part IV, li	ne 110	. See Form 990, <b>(b)</b> Book value	(c) Metho	od of valuation: d-of-year market
(1)						value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo		ne 11d	. See Form 990, Pa		
(1)	(a) Description	1			(1	o) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lir	ne 11e	or 11f.See Form	990, Part X	, line 25.
1.	(a) Description				,	(b) Book value
	income taxes					0
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	n (h) must sayal Form 2000 Port V (O) II 25 )				ı	_
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	f the footnote to the or	ganizat	ion's financial state	] ments that re	
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	'40). Check here if the	text of	the footnote has be	en provided	in Part XIII 🗹

Schedule D (Form 990) 2020

Page 4

-	rotal revenue, gams, and other s	upport per addited illiancial statements .			+	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12:				_
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facil	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $oldsymbol{.}$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	
5		c. (This must equal Form 990, Part I, line 12.			5	
Par		penses per Audited Financial Staten ization answered 'Yes' on Form 990, Par			Return	1.
1		dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facil	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) $oldsymbol{.}$		2d			
е	Add lines 2a through 2d				2e	_
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII.) $oldsymbol{.}$		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses. Add lines 3 and 4	<b>1c.</b> (This must equal Form 990, Part I, line 18	.) .		5	
Pai	rt XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and 22d and 4b. Also complete this part to provid			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

## **Additional Data**

Software Version:

**EIN:** 59-2141837

Name: NATIONAL FOUNDATION FOR ADVANCEMENT

IN THE ARTS INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTE
	MPT TO PROVIDE A PREDICTABLE STREAM OF INCOME TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT FUNDS ARE USE

Software ID:

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND AS SESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE F ACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENA LTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTE REST EXPENSE, RESPECTIVELY. THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FOUNDATION FILES INCOME TAX RETURNS. THE FOUNDATION IS GENERALLY NO

Supplemental Information

EFORE 2018.

LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS B

SCHEDULE F	State	ement of A	Activities	Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15  ► Attach to Form 990.				ine 14b, 15, or 16.	2020
Department of the Treasury Internal Revenue Service	•	• Go to <i>www.irs.g</i>	gov/Form990 for i	nstructions and the latest i	nformation.	Open to Public Inspection
lame of the organization IATIONAL FOUNDATION F N THE ARTS INC	OR ADVANCE	MENT			<b>Employer ider</b> 59-2141837	ntification number
	<b>nformation</b> Part IV, line		Outside the l	United States. Comple	ete if the organization a	answered "Yes" on
other assistance, t	he grantees'	eligibility for th	e grants or assi	substantiate the amound stance, and the selection	criteria used	□ Yes □ No
2 For grantmakers outside the United		Part V the orga	anization's proce	edures for monitoring the	use of its grants and ot	
3 Activites per Region	ı. (The followir	ng Part I, line 3 t	able can be dupl	icated if additional space is	s needed.)	
<u> </u>						
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	the	offices in the	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments
(a) Region  Central America and	the	offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of	for and investments in the region
(a) Region  Central America and		offices in the region	employees, agents, and independent contractors in the region	, region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)  Investments	program service, describe specific type of	for and investments in the region

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 

90, Part IV, line 16	swered "Yes" on Form 9	tne organization ans	ea States. Complete if				
				eded.	<u>tional space is ne</u>	duplicated if addit	Part III can be d
<b>(h)</b> Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	Type of grant or assistance

Sched	dule F (Form 990) 2020		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	□Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	<b>☑</b> No

Page	Schedule F (Form 990) 2020					
uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting metho expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide	amounts of investments vs.	Pa				
Explanation	ReturnReference					

Schedule F (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

NATIONAL FOUNDATION FOR ADVANCEMENT

Internal Revenue Service

IN THE ARTS INC

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493136070082

**Open to Public** Inspection

**Employer identification number** 

59-2141837

Pa	Form 990-EZ filers		_			rm 990, Part IV, line I	./.
1	Indicate whether the organiza	ation raised funds thi	rough any	y of the fo	llowing activities. Check	all that apply.	
а	Mail solicitations			е	✓ Solicitation of non-	government grants	
b	☑ Internet and email solicit	ations		f	Solicitation of gove	ernment grants	
С	✓ Phone solicitations			g	✓ Special fundraising	events	
d	✓ In-person solicitations						
2a	Did the organization have a vor key employees listed in Fo	vritten or oral agreer orm 990, Part VII) or	nent with entity in	any indiv connectio	ridual (including officers, n with professional fundra		s 🗆 No
b	If "Yes," list the 10 highest parts to be compensated at least \$			draisers) <sub> </sub>	pursuant to agreements (	under which the fundraise	r is
1 (i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	DAUN LLC	FUNDRAISING	Yes	No			
	207 WEST 21ST STREET SUITE 3	CONSULTANT		No	689,000	55,467	633,53
	NEW YORK, NY 10011						
	al			. ▶	689,000	55,467	633,533
	List all states in which the orga licensing.	nization is registered	or licens	ed to soli	cit contributions or has be	een notified it is exempt f	rom registration or

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,

OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		d gross income on Form	1 990-EZ, lines 1 and 6	5b. List events with
$\Box$	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
.					
	<b>1</b> Co vinto				
	1 Gross receipts				
- 1	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus line 2)</li></ul>				
	4 Cash prizes				
	5 Noncash prizes				
5	6 Rent/facility costs				
3	7 Food and beverages				
5	8 Entertainment				
·	9 Other direct expenses	thursuah O in column (d)			
	10 Direct expense summary. Add lines 4 to 10 Direct expense summary.	-			
	11 Net income summary. Subtract line 10  Gaming. Complete if the org		es" on Form 990, Part I	V, line 19, or reported	l I more than \$15,000
$\neg$	on Form 990-EZ, line 6a.	I			· · ·
UCACIMIC		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (odd
ا خ			bingo/progressive bingo	(c) other gaining	(d) Total gaming (add col.(a) through col.(c))
אַטע	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +			bingo/progressive bingo	(e) Other guilling	
, +	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes	☐ Yes%	bingo/progressive bingo	Yes	
	2 Cash prizes	☐ Yes %			
	2 Cash prizes	□ No	Yes%	Yes	
	2 Cash prizes	No	☐ Yes % %	☐ Yes % ☐ No	
	2 Cash prizes	through 5 in column (d)	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
a	2 Cash prizes	through 5 in column (d)  It line 7 from line 1, column  It conducts gaming active  It is a conducted to the conduct of the con	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
	2 Cash prizes	through 5 in column (d)  thine 7 from line 1, column  ion conducts gaming activities in each o	Yes	Yes	Yes No

Sche	dule G (Form 990 or 990-EZ) 202	.0				F	Page <b>3</b>		
11	Does the organization conduct o	jaming activities with nonmembers	5?		· 🗌 Yes	□No			
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other	entity	□Yes				
13	Indicate the percentage of gami	ng activity conducted in:		1					
а	The organization's facility .			13	Ba		%		
b	An outside facility			13	ВЬ		%		
14	Enter the name and address of	the person who prepares the orga	nization's gaming/special events b	ooks and record	ds:				
	Name •								
	Address 🟲								
15a	Does the organization have a corevenue?	ontract with a third party from who	om the organization receives gamin	-	· 🗆 Yes	Пис			
b	If "Yes," enter the amount of ga	ming revenue received by the org	anization 🕨 \$		□ les	110			
	amount of gaming revenue reta	ined by the third party ▶ \$							
С	If "Yes," enter name and addres	s of the third party:							
	Name •								
	Address •								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided	<b>&gt;</b>							
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor					
17	Mandatory distributions:								
а		ler state law to make charitable di	stributions from the gaming procee	eds to	· 🔲 Yes	Пио			
b		is required under state law distribunt activities during the tax year	uted to other exempt organizations	or spent	<u></u> гез				
Par			ions required by Part I, line 2t	o, columns (ii	i) and (v): a	nd Part			
			licable. Also provide any additi				s		
	Return Reference		Explanation						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

(Form 990)

Department of the

Treasury

#### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for the latest information.

OMB No. 1545-0047

2020

DLN: 93493136070082

Open to Public Inspection

	ntification number
NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 59-2141837	
Part I General Information on Grants and Assistance	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	☑ Yes ☐ No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
<b>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, that received more than \$5,000. Part II can be duplicated if additional space is needed.	line 21, for any recipient
(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (d) Amount of cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other)	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat. No. 50055P	Schedule I (Form 990) 2020

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Schedule I (Form 990) 2020

Part III

(2)

(2)

(3)

RECIPIENTS

686 353,250 YOUNGARTS MICRO AND CREATIVE GRANT

(4) (5)

(6)

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

CASH AWARDS THAT ARE ISSUED TO YOUNG ARTISTS ARE UNRESTRICTED AND THUS ARE NOT MONITORED. MICRO AND CREATIVE GRANT RECIPIENTS MUST Part I, LINE 2:

SUBMIT A FINAL REPORT TO SHOW THE FUNDS WERE USED ACCORDING TO THE GRANT APPLICATION. Schedule I (Form 990) 2020

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	36070	082
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		► Complete if the orga	Compensa nization answ	ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	20	)2(	)
Б			▶ Attach	to Form 990. instructions and the latest inform		Open		
-	tment of the Treasury al Revenue Service	P Go to <u>www.ns.gov</u>	<u>/10/11/990</u> 10/	mistractions and the latest miori	nation.		ectio	
	me of the organiza	ation N FOR ADVANCEMENT			Employer identifica	tion nu	ımber	
IN T	THE ARTS INC				59-2141837			
Pa	rt I Questi	ons Regarding Compensati	ion				I	
<b>1</b> a				the following to or for a person lister			Yes	No_
		,	II to provide an	y relevant information regarding thes				
		s or charter travel	님	Housing allowance or residence for	•			
		companions nification and gross-up payments	H	Payments for business use of person Health or social club dues or initiation				
		nary spending account		Personal services (e.g., maid, chauf				
b				follow a written policy regarding pay: ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/Ex	ecutive Director	r, regarding the items checked on Lir	ne 1a? .     .			
3				d to establish the compensation of the	ne			
		EO/Executive Director. Check all ed organization to establish compe		CEO/Executive Director, but explain i	n Part III.			
	<b>✓</b> Compensa	ation committee	П	Written employment contract				
		ent compensation consultant	<b>_</b>	Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a	Yes	
b		r receive payment from, a supple				4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	: III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5				the organization pay or accrue any				
	·	ontingent on the revenues of:						
a b		1?				5a 5b		No No
D		5a or 5b, describe in Part III.				30		INO
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				N.s.
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Paperwork Redu	ıction Act Notice, see the Insti	ructions for Fo	orm 990. Cat No. 5	50053T Schedule		1 990)	2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 dejha carrington vp of strategic communications	(i)	222,093			8,403	8,278	238,774	
2 lisa leone vp of artistic programs	(ii) (i)	211,118			8,470	16,392	235,980	
	(ii)							
3 jewellyn malone executive director	(i)	296,450			10,531	23,441	330,422	
4 STACEY GLASSMAN	(ii) (i)	143,093		96,394	6,839	23,441	269,767	
MIZENER VP OF DEVELOPMENT	(ii)							

Schedule J (Form 990) 2020	Page <b>3</b>			
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
Return Reference	Explanation			
PART I, LINE 4A:	STACEY GLASSMAN MIZENER RECEIVED A SEPARATION PAYMENT IN THE AMOUNT OF \$106,090			
	Schedule 1 (Form 990) 2020			

efile GRAPHIC	print - DO NOT PROCESS	DLN: 93493136070082				
	CHEDULE O orm 990 or 990- Complete to provide information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.					
Namel Betherofgenis NATIONAL FOUNDATIO IN THE ARTS INC 990 Schedule O		Employer identification number 59-2141837				
Return Reference	Explanation					
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	OPPORTUNITIES THROUGHOUT THEIR CAREERS.					

990 Schedule O, Supplemental Information

Return Explanation

Reference

Reference	
FORM 990,	NFAA IS THE ONLY ORGANIZATION THAT ENCOURAGES AND RECOGNIZES ARTISTIC EXCELLENCE AND PROVI
PART III,	DES LIFELONG SUPPORT TO YOUNG ARTISTS IN THE LITERARY, VISUAL AND PERFORMING ARTS, INCLUDI
LINE 4A:	NG DANCE, FILM, JAZZ, CLASSICAL MUSIC, PHOTOGRAPHY, THEATER, VISUAL ARTS, VOICE, DESIGN AR
	TS AND WRITING. EACH YEAR, A RANGE OF 7,000-8,000 APPLICANTS SUBMIT FOR THE YOUNGARTS COMP
	ETITION AND APPROXIMATELY 700 WINNERS ARE SELECTED. OF THIS TOTAL POOL, 677 RECEIVED CASH
	AWARDS.

Return Reference	Explanation
FORM 990, PART III, LINE 4C:	PARTICIPANTS IN THE YOUNGARTS PROGRAM ARE THE ONLY STUDENTS ELIGIBLE TO RECEIVE THE DESIGN ATION OF U.S. PRESIDENTIAL SCHOLARS IN THE ARTS (PSA), BASED ON THEIR ARTISTIC AND ACADEMI C ACHIEVEMENTS. BEING NAMED A PRESIDENTIAL SCHOLAR IS THE HIGHEST SCHOLASTIC HONOR AVAILAB LE TO GRADUATING HIGH SCHOOL SENIORS. EACH YEAR, A GROUP OF 60 PSA NOMINEES ARE SELECTED F ROM THE APPROXIMATELY 170 YOUNGARTS FINALISTS. FROM THESE STUDENTS, 20 WINNERS ARE CHOSEN BY THE COMMISSION ON U.S. PRESIDENTIAL SCHOLARS AND NAMED PRESIDENTIAL SCHOLARS IN THE ART S, ALONGSIDE 120 ACADEMIC SCHOLARS.

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	OTHER PROGRAMS INCLUDING EXHIBITIONS, PERFORMANCES, RESIDENCIES, MICROGRANTS AND PROFESSIO NAL DEVELOPMENT WORKSHOPS. EXPENSES \$ 4,616,716. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1:	THERE IS AN EXECUTIVE COMMITTEE OF YOUNGARTS WHICH COMPRISES OF MEMBERS FROM THE GOVERNING BOARD OF TRUSTEES. THERE ARE FIVE MEMBERS WHO SIT ON THIS COMMITTEE WHICH IS CHAIRED BY T HE CHAIR OF THE BOARD OF TRUSTEES. THE MEMBERS OF THE EXECUTIVE COMMITTEE AT THE END OF TH E FISCAL YEAR WERE: SARAH ARISON, RICHARD KOHAN, NATALIE DIGGINS, DANIELLE GARNO AND MICHA EL MCELROY. THE MAIN RESPONSIBILITIES ARE TO PROVIDE LEADERSHIP TO THE FULL BOARD OF TRUST EES AND TO ACT ON BEHALF OF THE BOARD WHEN NECESSARY. THE EXECUTIVE COMMITTEE ALSO OVERSEE S THE STRATEGIC PLAN TO ADVANCE THE MISSION OF THE ORGANIZATION.

Return Explanation

Reference

FORM 990, PART VI, RS AND APPROVED BEFORE IT IS FILED BY THE INDEPENDENDENT ACCOUNTANT WHO PREPARED THE RETUR SECTION B, N. THE BOARD OF TRUSTEES ARE SENT A COPY OF THE FORM 990 BEFORE THE TAX RETURN IS FILED.

Return

Reference	Едріанацон
FORM 990,	THE FOUNDATION'S CONFLICT OF INTEREST POLICY APPLIES TO EMPLOYEES AND IS INCLUDED IN THE E
PART VI,	MPLOYEE HANDBOOK. ALL EMPLOYEES ACKNOWLEDGE THEIR UNDERSTANDING OF THE POLICY. THE EXECUTI
SECTION B,	VE DIRECTOR REITERATES THE POLICY AS DEEMED NECESSARY. THE EXECUTIVE DIRECTOR DETERMINES W
LINE 12C:	HETHER A CONFLICT EXISTS AND REVIEWS THE CONFLICT. IF A CONFLICT EXISTS, RESTRICTIONS INCL
	LIDE PROHIBITING THE EMPLOYEE FROM PARTICIPATING AND TERMINATION, IE NECESSARY

Evolunation

Return Explanation
Reference

FORM 990,	THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR ANNUALLY AN
PART VI,	D THESE DELIBERATIONS ARE GUIDED BY COMPENSATION OF COMPARABLE INSTITUTIONS AND THE CURREN
SECTION B,	T RATE IN THE MARKET TO ATTRACT THE BEST TALENT TO FILL THIS MOST IMPORTANT POSITION.
LINE 15A:	

Return Explanation
Reference

FORM 990, PART VI, STATEMENTS AVAILABLE UPON REQUEST.

LINE 19:

990 Schedule O, Supplemental Information

Return Explanation

Reference

PART XI,
LINE 9:

CHANGE IN VALUE OF CHARITABLE TRUST \$18,243

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2020

DLN: 93493136070082

Open to Public Inspection

Name of the organization NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC								loyer identif 141837	ication	number		
Part I Identification of Disregarded Entities. Complete	if the orgar	ization answe	ered "Ye:	s" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		vity (c) Legal domicile or foreign coul		(state Total inco		<b>(e)</b> End-of-year as	ssets	Direct co	<b>(f)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns.</b> Comple	ete if the orga	inization	answered '	'Yes" on F	orm 990	, Part I	/, line 34 be	ecause	it had one or	more	
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> Primary activity		(c) omicile (state ign country)	Exempt Co	l) de section		(e) harity status on 501(c)(3))	(f) Direct controllin entity		(13) conti entity	
(1)NAT YOUNGARTS FDN SUPPORTING ORG INC 2100 BISCAYNE BOULEVARD	FUNDRAISIN	NG	FL		501(C)(3)		LINE 12A, I		NFAA		Yes	No
MIAMI, FL 33137 45-5508211												
For Paperwork Reduction Act Notice, see the Instructions for Form	990			at. No. 50135	<u> </u>				Scho	edule R (Form	990) 34	020

		(b)	1		1	1				1			
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	al or Pe ging ov	(k) rcenta vnersl
					314)			Yes	No		Yes	No	
<b>Identification of Related Orga</b> because it had one or more relate						l ization ans	L wered "Ye:	l s" on F	orm 9	I 990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	l do (state	<b>(c)</b> Legal domicile (state or foreign		entity (C c	(e) be of entity orp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets		n) ntage rship	Section (13)	(i) on 5 cont ntity
		со	untry)									Yes	\$
													+
													+
													+
													+
				1									

Schedule R (Form 990) 2020		Pa	ge <b>3</b>								
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.											
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No								
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No								
c Gift, grant, or capital contribution from related organization(s)	1c		No								
d Loans or loan guarantees to or for related organization(s)	1d		No								
e Loans or loan guarantees by related organization(s)	1e		No								
f Dividends from related organization(s)	<b>1</b> f		No								
g Sale of assets to related organization(s)	<b>1</b> g		No								
h Purchase of assets from related organization(s)	1h		No								
i Exchange of assets with related organization(s)	<b>1</b> i		No								
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No								
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes									
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No								
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No								
o Sharing of paid employees with related organization(s)	10	Yes									
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No								
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes									
r Other transfer of cash or property to related organization(s)	<b>1</b> r		No								

					1		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k Yes			
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No		
o Sharing of paid employees with related organization(s)				1o Yes			
p Reimbursement paid to related organization(s) for expenses				1p	No		
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q Yes			
r Other transfer of cash or property to related organization(s)				1r	No		
f s Other transfer of cash or property from related organization(s)				1s	No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	ansaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	(d) Method of determining amount involved			
(1)NAT YOUNGARTS FDN SUPPORTING ORG INC	0	181,388	FMV				
(2)NAT YOUNGARTS FDN SUPPORTING ORG INC	Q	90,279	FMV				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section		(f) (g) Share of total income assets		<b>(h)</b> Disproprtiona allocations?	ľ	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No													
							-			Schedul	e R (Form	990	0) 2020												

Schedule R (Form 990) 2020									
Part VII	Supplemental Information								
Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation							